

CLAIMS ONLY							Application Number		Filing Date	
							Applicant(s)			
* May be used for additional claims or amendments										
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		Indep	Depend	Indep	Depend
	Indep	Depend	Indep	Depend	Indep	Depend				
1	/						51			
2		1					52			
3							53			
4		1					54			
5			1				55			
6				1			56			
7					1		57			
8						1	58			
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10							60			
11							61			
12	1						62			
13		1					63			
14			1				64			
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17						1	67			
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42							92			
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44							94			
45							95			
46							96			
47							97			
48							98			
49							99			
50							100			
Total Indep							Total Indep			
Total Depend							Total Depend			
Total Claims							Total Claims			